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REMARKS UPON THE DEAF AND DUMB.

CHIEFLY FROM A PUBLICATION BY JOHN R. BURNET, OF THE NEW YORK ASYLUM.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A WORK which has lately appeared under the title of "Tales of the Deaf and Dumb," contains some remarks respecting that unfortunate class of persons, which perhaps may not be without interest to the medical reader. Although the volume under consideration was especially designed, as stated by the author, "for the educated deaf and dumb, and for those who take a particular interest in the education of persons thus afflicted," it necessarily leads to the relation of observations and facts which have a bearing upon the profession of medicine. But if a notice of these facts should be considered as a deviation from the regular course of a Journal devoted to the great interests of medicine and surgery, or should the subject be deemed derogatory to the dignity of those who (striving in the path of well doing) ponder over the "tablets inscribed in the temple of Æsculapius" alone, it is hoped that the sympathy for the misfortunes of our fellow beings, and the desire to afford relief, which are characteristic of the professors of the healing art, may be received as an apology.

The fact that the volume before us is the authorship of one who is himself among that unfortunate class, for whose benefit it was mainly prepared, being "deaf from an early age, and, except to a few familiar ears, also dumb," will add to the interest of its perusal, to those whose time or inclination should lead them to examine the work itself. And, as in the case of those who are deprived of the use of a different organ of sense, viz. the eye, experience has disclosed the novel fact that the blind are the best teachers of the blind, so it may be presumed that one who has felt the full weight of the evils of being deaf and dumb, and has successfully surmounted the obstacles in the path of knowledge, will be best able to point out the course to others similarly situated.

With respect to the number of our fellow beings, who are deprived of the faculty of hearing and consequently of speech, the first division of this work ("On the early domestic education of the deaf and dumb") contains the startling announcement that "on a general average, one deaf mute may be found in every fifteen hundred souls: or about *half a million* of the inhabitants of this globe are *deaf and dumb*." "By the census of 1830, the United States then contained *six thousand one hundred and six persons* who were deaf and dumb." "Twenty years ago, there was not a single school for the thousands of our deaf and dumb

population, and twenty-five only for the tens of thousands of Europe. Now there are one hundred and thirty institutions in the world, and six of these are in this country. In these six, about *four hundred and fifty* are receiving the blessings of education."

With a view to preparing, says our author, "those who are born deaf and dumb, or who have lost their hearing by sickness or accident in early life, to derive to the fullest extent the advantages offered by the public institutions, it is indispensably necessary that their education, like that of hearing children, should commence *at home*, and at as early an age as possible."

"During the first months of existence, there is no perceptible difference between the hearing child and one born deaf. But as soon as it makes the first attempts to produce vocal sounds or articulate, the difference becomes perceptible." "The deaf child has the same power of producing sounds, as his hearing brothers and sisters, and in fact often exercises it without knowing it; but experience cannot inform him of its existence, and consequently it becomes useless to him, i. e. is never called into action." "But those signs by which nature teaches us even in infancy to communicate our sufferings and our wants, remain to the dumb; and the *eye*, the first and in fact the nearest channel of communication between mind and mind, must be taught and educated, as the medium by which those signs may be recognized." "The remedy, then, and the only but an efficient remedy for the misfortune of the deaf, is, by *making their eyes supply the place of ears*." And this rule is applicable as well in our intercourse with those who have lost their hearing at a later age, as in those who are born deaf.

"The process of teaching the deaf and dumb to speak or articulate, depends mainly upon the following points. First, to teach the deaf child to imitate the motions of the lips in pronouncing some vowel; the letter being at the same time pointed out to him. Then take his hand and put it before your mouth, that he may feel the expiration of air which accompanies utterance, when you renew the pronunciation of the vowel; and then place your own hand before his mouth, as if expecting that he should imitate you in this also. After some trials, he will probably pronounce the letter in a kind of whisper." "Finally, take his hand and apply it to your throat (upon the vocal box or larynx), and make him observe the *vibration* which takes place, when you again renew the pronunciation of the vowel. This time the child will probably utter a vocal sound, more or less resembling the sound of the letter selected for the lesson." That this process will require much patience and perseverance on the part of the teacher, is evident, but success will result eventually. "The proper sounds of the vowels depend more upon the position of the tongue, than upon the opening and position of the lips. If, therefore, the pupil does not give the desired sound at first, though he imitates the motions of your lips, it must be because his tongue is not in the proper position. You must then carefully make him observe the position of your tongue in pronouncing a letter, and for this purpose you must speak with a well-opened mouth and facing the light."

"Many children who pass for *deaf mutes*, are only *partially deaf*. Some will readily hear noises, while they cannot distinguish words,

because finding it difficult to distinguish words, they neglect to listen. Experiments made at the Parisian Institution on several such, have proved that they may be taught to distinguish sounds, by only accustoming them to listen ; and in teaching them to speak, they are often to a considerable extent taught to hear. Both their speech and hearing may be greatly improved by judicious exercise." "It is generally supposed that a greater number of children lose their hearing in infancy, than are born deaf." This fact, however, cannot be ascertained with certainty, as, in the opinion of some eminent surgeons, the faculty of hearing in infants is naturally imperfect, which explains a common remark that infants are pleased and attracted by loud noises ; and it must therefore in many cases "remain doubtful whether the child was born deaf or lost its hearing by disease." "Nothing, however, is more certain than that those children who lose their hearing, before articulation has been acquired or sufficiently impressed on the memory, will become *dumb*." The truth of the following observation will be generally acknowledged by physicians who have had much experience in diseases of the ear, viz., "that although deafness (entire or in a great degree) has been sometimes cured or relieved by medical means, yet the success of those means is in most cases extremely doubtful.*

"Whether deaf and dumb persons are more numerous now than in ancient times, will never be known with certainty ; but in every age of the world, deafness appears to have been a common infirmity." "To whatever cause," says Professor Barnard, "it may have been owing, it was the universal sentiment, in ancient times, that the deaf and dumb were wholly incapable of instruction" ; and this was the stern decree pronounced against them by Aristotle, the master philosopher of antiquity. As late as the end of the fifteenth century, no effort had been made to afford them the benefits of instruction and education. But in the sixteenth century a new era opened upon this unfortunate class.

To show to what extent deaf mutes are capable of instruction, we subjoin the following account. "In Spain, which may be called the cradle of this art" (instructing the deaf and dumb), "certain deaf mutes, the pupils of Ponce, had been taught so that they spoke, wrote, prayed aloud, attended mass, confessed, spoke Greek, Latin (as well as Spanish), and reasoned remarkably well upon physics and astronomy." And at a later period, it is related of another, that "although insensible to the report of a cannon, he could distinguish by sight alone the words of others, and had himself learned to pronounce distinctly. Physicians and surgeons had exhausted upon him in vain every species of remedy." By way of experiment, words were pronounced in the presence of this young man, both in French and English, and he repeated them exactly.

Of Ernaud, a French teacher, it is related that he employed himself very much in reviving the sense of hearing where it was partially lost. He asserts, indeed, that he had met with no instance of *entire deafness* ! Articulation was of course his principal instrument in the instruction of his pupils.

* The failure of a very large proportion of the operations for the cure of deafness by puncturing the membrane of the tympanum, seems to have occasioned a general neglect of an operation, which in certain cases of deafness offers the only, if not a reasonable, chance for the recovery of hearing.

Of the capability of the deaf and dumb for receiving instruction, there is no longer any doubt. The bright examples of extensive and varied acquirements which our own country has afforded, fall not much short of the instances cited above. "At the Hartford Asylum, which is the oldest on this side the Atlantic for the instruction of the deaf and dumb, the number of pupils, by their last annual report (May, 1834), was 133, which is the average number for the last three years. The number of former pupils is 344; 477 having enjoyed the advantages of the institution." This asylum, it may be observed, owes its origin to the circumstance of the deprivation by disease of speech and hearing, of a child of a respectable physician* at Hartford; by whose exertions, aided by a few friends, a school was opened in that place in April, 1817. "The number of institutions for the deaf and dumb in this country is six, viz. one at Hartford, Conn.; one in the city of New York; another at Canajoharie, N. Y.; one in Philadelphia; one at Danville, Ky.; and one at Columbus, Ohio."

Speaking of the causes of deafness, he says, "It has been supposed that the proportion of deaf and dumb persons among the population of different districts being known, would enable us to ascertain some of the causes which produce deafness; but we confess ourselves wholly unable to form any opinion on that point, at least so far as respects the white population." From our author's observations, it would appear "that in every State north of the Potomac and Ohio, the proportion of deaf and dumb among the colored population is much greater than in any State south of those rivers." "It is also to be observed, that in the northern States the proportion of the deaf and dumb is much greater generally among the colored than among the white population; whereas in all the southern States, the case is precisely the reverse." Mr. Burnet concludes from this, "that deafness is frequently occasioned by the want of physical comforts;" under the supposition that the slaves of the South are as a class much better provided for than the free blacks of the North. As far as my own limited observation extends (in this city), I am not aware that the colored population presents a proportion of cases of deafness at all greater than the white population of the same situation in life, or with similar means of obtaining a livelihood. As regards the difference in favor of Southern slaves over the black population at the North, I would hazard the conjecture, that this may be attributed to the influence of the climate at the South, which is probably more congenial to the habits and constitution of the colored race than that of the North. Cold and moisture, it is well known, are among the most active causes of catarrhs, inflammation of the mucous membranes of the head and of the eyes, and also of affections impairing the hearing. Owing to a like deficiency of the comforts of life, it happens, says Mr. B., that "a larger proportion of deaf mutes among the whites belong to the lower classes." This is analogous to what occurs in diseases of the eye, the poor forming by far the largest class of sufferers from these diseases.

"From observations made both in this country and in Europe, it is estimated that at least *one half* of the deaf and dumb were born with the

* Dr. Cogswell—since deceased.

sense of hearing. Among 276 pupils received into the Hartford Asylum up to 1829, 116 were born deaf, 135 lost their hearing by disease or accident, and in 25 cases the cause of deafness was unknown. "The greater number of those whose deafness was accidental, lost their hearing under the age of *four* or *five* years, but in several instances dumbness, more or less complete, has followed the loss of hearing as late as the age of *six*, *seven*, or *eight*, and perhaps even later." "When children are born deaf, there will very often be several afflicted in a similar manner in the same family; but when their infirmity is owing to disease or accident, they are generally single cases in their respective families. Instances of two or more children thus afflicted are not, however, wanting."

"As all children," continues our author, "are liable to become deaf, it is interesting to inquire what diseases are most usually the causes of deafness." "*Fever*s, particularly *spotted fever*, and the canker rash, most frequently destroy the sense of hearing." "Out of one hundred and ten cases, about sixty (or more than half) were ascribed to attacks of fever, and two thirds of these to scarlet and spotted fevers. Other cases were ascribed to various diseases, as the smallpox, measles, inflammation of the brain, whooping cough, &c.; and to accidental causes, as the discharge of cannon, sudden falls, blows on the head, &c." To these might be added a not infrequent cause, viz. a sudden check or suppression of the perspiration. The result of the observations of the director of the Ohio Institution, corresponds with the above statement.

Respecting the occurrence of deafness and dumbness in *several* members of one family, Mr. Burnet remarks, p. 118, that "four families contained each *five* deaf and dumb children, two contained each *six*, and one contained *seven*."* There have been several instances in which one family contained *seven* deaf and dumb children, and Mr. B. had heard of a family containing *ten*. In this respect a striking analogy has been found to exist in cases of *blindness*; repeated instances having fallen under the notice of the writer of this, in which two or more members of one family were blind, from congenital defect of vision. Congenital blindness is, however, of far less frequent occurrence than congenital deafness would seem to be from the statements in this volume. Indeed it is a fact well known to those who are conversant with the diseases of the organ of vision, that nine tenths of the cases of blindness occurring in infancy or early childhood, are the result of diseases commencing subsequent to birth (in some cases a few days only), which terminated in the loss of vision, from neglect or mistreatment. Amaurosis and cataract are the most conspicuous in the class of congenite diseases of the eye. Congenital staphyloma is more rare, although well attested cases of this disease have occurred not infrequently.

Respecting *hereditary deafness*, or deafness transmitted from parent to child, our author remarks that "deafness, though so frequently afflicting several members of the same family, does not seem to be as frequently transmitted from parents to their children. Only two cases are cited by the directors of the Hartford Asylum, in which parents who were deaf and dumb, have had deaf and dumb children, although more than twenty

* In these cases the deafness was in all probability congenital

of the former pupils of the Asylum have become heads of families. In one of these instances, the father and four of his children were deaf and dumb; in the other, the father and two of his children."

The instance of persons who were deaf, dumb and blind, is familiar to many. The whole number of this truly unfortunate class does not exceed eight individuals.* "In only two of these cases was the deafness and blindness from birth." All these have occurred within the last thirty or forty years.

Respecting the cases that have occurred in Ireland (stated at three or four), the Committee of the Irish Institution at Clarendon, near Dublin, state "that they have all been the consequence of that scourge, which prejudice would still inflict on the human race, smallpox."

The consideration of the above facts induces us to express a hope that physicians will make it a point of duty to investigate carefully such cases of deafness and dumbness as may present themselves to their notice, and give to the medical public the results of their inquiries. By so doing, they may throw some new light upon the hidden and obscure causes of so great an infirmity as deafness, and remove—at least in part—the imputation that diseases of the ear have not received the degree of attention from the enlightened and philanthropic medical profession, which their importance to the well being and comfort of the community demands.

Boston, May, 1835.

REVIEW OF CERTAIN CASES OF FRACTURE TREATED AT THE PENNSYLVANIA HOSPITAL IN 1834.

BY JOSEPH A. GALLUP, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

[Concluded from page 237.]

It is not a little surprising how easily extensive injuries of the head are manageable, when there is free vent given, and the atmospheric pressure admitted to assist in keeping up an equilibrium of circulation. Besides this, it would seem that the irritation in the integuments from the incisions in the scalp, assists to transfer the internal irritation to the surface, and by this transfer of local irritation to another texture, renders the irritation of the brain less impressive. It will be insisted on, that excess of inflammation may be quite surely suppressed when free vent is given to the internal pressure and congestive state of the cerebral organs. In no instance has the writer had a case of this description go wrong in the after treatment. A small fissure, even without depression or effusion, is liable to inflame, and the case is also liable to a greater danger from inflammation and its sequences, than a large fracture with depression and effusion of blood, where incisions have been freely made and the trephine used.

However, in order to insure success, this instrument ought to be early used in every case in which it becomes necessary. At the onset, in bad cases, it is never necessary to wait for the reactive processes; for most

* Many of the deaf and dumb, however, are blind of one eye.

commonly, the exhaustion of vitality depends on inability of nervous energy from the compressing force, and as soon as this is removed the restorative processes take effect; and furthermore, the stimulations made by the operation itself are the surest and safest means of exciting the instinctive energies of the system. The longer a case is delayed, where depression and effusion exist, the greater will be the engorgements, and the more will the part be assuming the inflammatory processes, and the recuperative powers less liable to take effect.

Having had no opportunity of reading Dr. Spurzheim's *Observations on the deranged Manifestations of the Mind* until within a few days past, although the book had been in my hands for more than a year and a half, it was gratifying to observe a coincidence of reflections on these subjects, in part at least. This author mentions M. Foville, whose writings have never come to my view, having advanced a new method of treating phrenitis, viz. by having recourse to the trephine. The entire object of M. Foville seems to be the admission of atmospheric pressure. See p. 242, M. C. & L.'s ed., 1833. Dr. Spurzheim made the following suggestions:—"I am disposed to think this method deserves consideration and trial, considering the fatal tendency of the disease. I have often been surprised to notice that severe blows on the head, which fractured the skull to such a degree as to make it necessary to remove considerable portions of it, *have been followed by no bad consequences*; while, on the other hand, I have frequently known slight blows upon the head, which in some instances have not fractured the skull at all, and in others only the outer table, *to be followed by inflammation and other alarming symptoms and death*. I am therefore of opinion that an opening in the skull might be beneficial in such cases."

However, it may be noticed, that in the instance of *phrenitis* the trephine might as well be interdicted, for there is scarcely a probability it will ever be employed seasonably to save the case, or before unrelievable organic changes have taken place. Notwithstanding, in the instance of injuries of the head giving origin to a train of similar phenomena, it may be used as a prophylactic remedy to the safety of thousands.

Epilepsy has been known to follow the use of the trephine, probably from a thickening of the cranial bones; yet, however, there are not so many cases of this as from a neglect of this instrument in recent injuries of the skull. Some cases of traumatic epilepsy have been cured, by the operation, of long standing, in which it had been omitted at the time of the injury; one recently by Dr. Dudley, and this gentleman seems to have used this remedy in five other cases of epilepsy with decided benefit. It has been used by Mr. Cline and others, and there appears to be little room to doubt but the operation might be often useful in many chronic cases of diseases of the head, if it should be inadmissible in the highest grades of deep-seated inflammation.

In illustration of the foregoing suggestions, the writer feels inclined to take a short review of some adventurous cases that have occurred within twenty years past, and which are vivid in recollection in all their essential points. His present location, however, deprives him of the benefit of references, they having occurred in the county of Windsor, Vermont. They will be related in the order in which they occurred.

CASE I.—A child, a year and a half old, fell from a table on to the floor, and touched on nearly the centre of the left parietal surface. There could scarcely be discovered a contusion, and certainly no ecchymosis or any tumefaction. All that gave the case any importance was a complete *paralysis* of the whole of the right side of the body. On using a delicate tent, a strong presumption arose that there might be a fissure. Upon balancing all the circumstances of the case, our determination was to lay the cranium bare. This being done, a fissure did appear, about one and a half inches long, but not a drop of effusion. The next suggestion was, that there possibly might be some effused blood beneath the skull, which might produce the hemiplegia of the opposite side. A button was taken out; but the dura mater exhibited the fairest aspect, without any appearance of effusion. However, the result was, the next day the child began to move his limbs, and in three days the paralysis was entirely gone, and the wound gave no trouble. *Query*.—Could this have been a case of congestive paralysis, on account of the exhaustion of nervous energy from the blow, and were the stimulations of the operation useful in exciting absorption? And again, would not the operation be more efficient for this purpose than simple scarification, with even cuppings and leechings?

CASE II.—A man, aged about 30 years, fell from his horse at full speed. He had the usual symptoms of concussion; but no material injury could be detected where it appeared he struck the ground, at the anterior margin of the right parietal bone. He inclined to sleep, but could be roused, and sometimes answer correctly. He had low fever succeed, with signs of sub-inflammation. He was repeatedly bled, purged, with a moderate use of all the lowering treatment for *three weeks*, and all without any apparent benefit.

It was now determined to use the trephine, whether we might discover anything preternatural or not. A button was taken out, after making a free incision, as nearly as we could on the site of the contused part. Nothing more was discovered than would have been on the head of any well man. However, note the sequel;—by the next day he showed some signs of amendment, and from that time gradually recovered. It might be noted, in conclusion, that this man has constantly attended to business, but it is the general opinion that he does not possess the clearness of intellect he had before the injury.

CASE III.—This was a more recent case of a laborer, aged about 28 years, who fell from the high beam of a barn fourteen feet on to the floor. He was comatose for an hour or so, and was then attacked with almost incessant, and unrelenting epileptic convulsions. He scarcely had time to have the froth wiped from his mouth, and catch a little breath, before he was attacked again. He continued in this situation about eight hours before seen by me, at 9 o'clock in the evening.

In this case no material injury could be discovered either on the head or elsewhere, only a slight contusion on or about the lambdoidal suture of the right side. There was but little tumefaction, and no signs of a depression. He was now bled freely; and in about half an hour bled again, yet with some difficulty on account of the muscular agitations. No medicine, or anything else, could be swallowed. In about an hour from

first seeing him, it was determined to perform the operation. A free incision was made in the integuments through the contused part, and a button taken from the posterior verge of the right parietal. It was effected with some difficulty and delay, on account of a bad light, and the almost incessant agitations, yet no accident happened. There was no trace of a fissure, nor effusion on the dura mater; however, as this stood prominent, it was punctured, but no effusion beneath.

It was noticed before, or whilst the wound was dressing, that the convulsions were not so strong and constant as they had been. After the wound was dressed, he had only two slight epileptic spasms within the first hour, and then slept until morning. He then awoke and showed some signs of intelligence. He was seen by me only once after; did well in all respects, and in a few weeks came seven miles on foot merely to see me, and thank me for my attentions to him. After the operation, a physician present stated he had known a similar case in an adjoining town, which had been relieved in a like manner by the operation, and this is all I can say of that. Whether the operation in this case had an influence in effecting a subsidence of the convulsions, or whether they were merely coincidents, others may conjecture as well as myself.

Lowell, Mass. May 5th, 1835.

PROLAPSUS UTERI AND PESSARIES.

In the following communication from our friend, Dr. Brewer, the reader will discover that an important instrument has been devised, of incalculable value to a large class of sufferers, for whom the physician prescribes with less advantage, ordinarily, than for any of those complaints originating in mere physical debility. There is something philosophical in the plan of treatment, and several of the most eminent practitioners in Boston speak of it in decided terms of approbation, having demonstrated the utility of this pessary in some of those perplexing cases of prolapsus which seemed to bid defiance to all skill. Having inspected the instrument ourselves, and learned from others its admirable success, we unhesitatingly recommend it to the patronage of our medical brethren. It is on sale at Messrs. Brewer & Brothers, No. 92 Washington Street.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the following remarks on the subject of Prolapsus Uteri and Pessaries are acceptable, please insert them in your valuable Journal.

I was led some time ago, by the number and variety of pessaries required for and sold, to reflect on the question, whether those in common use were the best adapted instruments that could be contrived to effect the intended purpose. The first idea that suggested itself to my mind was, that they were unnecessarily heavy, and tended by their weight to aggravate the disease. In consequence of this suggestion, I made some cork pessaries, and varnished them so as to prevent the absorption of moisture. In this way I obtained one of three inches diameter, which weighed only 156 grains, whereas the French elastic pessary, which is the lightest of the common form, and of the same diameter, weighed 491

grains. I thought this at that time a considerable improvement ; but not being exactly satisfied that I had arrived at the ultimatum, I read all that I could conveniently have access to on the subject, and found that cork pessaries had been used both in England and France, but could not find that the results from their use had been very satisfactory.

Some time after this, a man from the country called on me to get a pessary, but wanted one over five inches diameter, as one of less size, he said, would be of no use. As I had never seen or heard of one so large, I inquired of him whether one of the size inquired for had been used from the commencement of the case. He answered that he began with one about two inches in diameter, but had found it necessary, from time to time, to continue increasing the size, until one of the enormous dimensions now called for was necessary. I inquired also in relation to the general health of the patient, who was his wife, and he informed me that she had been confined most of the time for ten years past in a recumbent posture, and was entirely unable to do any work. He further stated that she was now extremely emaciated, that her appetite and digestion were much impaired, and that, in short, both she and himself utterly despaired of her recovery, but were willing to try any experiment that offered the least prospect of even temporary relief. I thought this case spoke volumes on the subject which I was desirous to investigate. It appeared to me, that at least in this case the pessary had been instrumental in increasing the evil it was designed to remedy. My theory on the subject was as follows. If the pessary supports the uterus, it must first be supported itself. Now how is this effected ? Evidently, if the pessary be of the common form, it must be retained in its place by the combined elastic and muscular force of the vagina. The muscular action cannot be perpetual, and when it is tired out, you want a larger pessary, and you thus go on dilating the vagina and rendering the descent of the uterus more easy, instead of curing the case. It may be objected to this theorizing, that some cases of prolapsus do get well under the use of the common pessary. To this I would answer, that youth, a good constitution, the "*vis medicatrix naturæ*," or medical treatment, directed to the improvement of the general health of the patient, singly, or a combination of these circumstances, cures the disease in spite of the common pessary.

We will now lay aside theorizing, and proceed with the case in hand. The man asked me if I could not contrive something better than the common pessary. I procured for him one of boxwood, with a straight, hollow, cylindrical stem, and directed him how to have his bandages made and how to attach them to the pessary so as to obtain an *external* instead of the common *internal* support, and requested him at a convenient opportunity to inform me of the result obtained by its use. I saw him about five months afterwards, and he informed me that his wife had perfectly recovered her general health, and was fat and hearty and as able to work as anybody—and further, that the local disease was entirely removed, and that she now went without any pessary at all. The diameter of the pessary used was about 2 1-4 inches. His wife was willing to have the case reported, but from false delicacy was unwilling to have her name used.

At the time I contrived the above-mentioned pessary I did not know, although I now know very well, that pessaries of similar principles and construction had been before used.

I have now made an additional improvement, as I think, in giving the lower part of the stem a curved form, thereby preventing any irritation that might arise from sharp edges or corners.

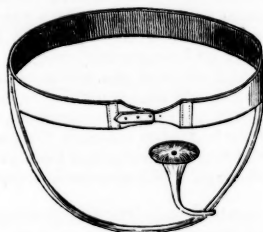
I contemplate making further improvements in the construction, and have now several new ideas, waiting mechanical execution.

Yours, respectfully,

NATHANIEL BREWER, M.D.

Boston, May 15, 1835.

The following cut of the above-mentioned pessary is so plain that it at once explains itself to a medical man.



BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 27, 1835.

DENTAL CHARGES.

Our readers will recollect a reference which was made a few weeks since, in this Journal, to a lawsuit in this city, in which it was contended by the defendant, that a distinguished dentist of School Street, Dr. Bemis, had brought an exorbitant charge for his professional services. Within a few days we have been put in possession of all the main facts in the case, illustrative of the point at issue, and in giving them to our readers we feel constrained to say that there does not exist a more high-minded, talented and honorable class of men, than the dental surgeons of Boston. In the plaintiff's letter to his counsel, given in connection with the testimony, which we deem of sufficient importance to republish without abridgment, it will be seen that Dr. Bemis has made advances in his profession, wholly unnoticed by authors. Though he has in this instance failed to sustain a claim to what he honestly considered a just compensation for his services, it will have a tendency, in the sequel, to methodize the fee bill, a thing devoutly to be desired in this metropolis. Were the dentists to form themselves into a distinct society, as has recently been done in New York, they would all act harmoniously, mutually benefiting each other, and alike contribute to the elevation of the profession.

Our correspondent says—The case was tried in the Court of Common Pleas in this city. The parties were Dr. Samuel A. Bemis and Mr.

Samuel Phipps, and the action was brought to recover for services in dentistry done by the former for the latter and his family. The whole bill was twenty-nine dollars and seventy-five cents, of which an item of twenty dollars was the only subject of dispute. This was for a surgical operation on two of the teeth of the defendant, which had been broken off by an auctioneer's mallet, while attending an auction in New York. The defence set up was that the charge was exorbitant, and several dentists were called as witnesses.

Dr. Harwood testified that some time after this operation, he examined the jaw of Mr. Phipps, and put in new teeth, and so far as he could learn from inspection, he thought that what was done was of a temporary character and calculated principally to relieve the patient from pain. He supposed it could have been done in thirty minutes, and that from \$3 to \$5 would be a proper charge. The usual charge for mineral teeth was \$10 each, and this was what the defendant paid him for the two which he inserted.

Dr. Keep testified that from the account given by Dr. Harwood of the operation, he should think \$3 a reasonable charge. This was what he had for filling teeth, and did not think this was more difficult.

Dr. Parsons thought he should charge nothing to his regular employers for such an operation, but to a stranger he might charge \$2 or \$3.

Dr. Greenwood said he had been a dentist forty-six years, during all which time the charges in that profession had been growing higher. He could not keep up with the age. For such an operation he should charge nothing.

Mr. John B. Jones certified that Dr. Bemis lived with him and was engaged in the business of watchmaking twenty-five years ago—that he was a self-educated man—had been in his present profession seventeen years, and had met with good success.

The defendant brought into Court the sum of \$15.50 in full for the bill, and the jury decided that that sum was sufficient.

All the witnesses except Dr. Greenwood certified that they charged from \$2 to \$3 for filling teeth.

William Brigham, counsel for plaintiff; Ellis Gray Loring, for defendant.

Boston, April 15, 1835.

William Brigham, Esq.

Dear Sir,—The principal *surgical* and *dental* operations, alluded to in Samuel Phipps's bill, submitted to you for collection, are, *first*, *extraction* of the *nerve* and other central vascular substance of the upper *canine tooth* of the right side of the upper jaw. This was an operation to relieve *patient* (Sam. Phipps) from *extreme suffering*, occasioned, as he said, by the stroke of an "auctioneer's mallet," which broke off the crown of his 2d eye tooth (and also its neighbor's), by a *cross fracture*, something as represented by the accompanying drawing in outline, which is a side sectional view of the eye tooth.



The *second operation* on this useful organ, the eye tooth, was for the purpose of the more effectually preventing farther *inflammation* of the *nerve*, and also to prevent *ulceration* of the *lining membrane* of its *socket*. My long experience in this operation (13 years), and the high tone of praise that has been so repeatedly elicited by it, and from many, I may be permitted to add, of the most intelligent individuals in the Union, must long ere this, it is humbly believed, put every doubt as to the efficacy of the operation entirely out of the question. The fee for this operation alone (when it has been done for

the well-informed), has uniformly been ten dollars—and, what is of far more value, the usual accompaniment of politeness in generous expressions of thanks. This *second operation* is not, to my knowledge, laid down in any of the dental works, nor is it done by the other dentists, so far as I am informed.

The *third operation* on said eye tooth was for the *replacement* of its broken *crown*; an operation too well known to require description.

The *three operations* here spoken of were also performed upon the upper right lateral *incisor*, which, as suggested above, was broken at the same time with the eye tooth; vide figure—a side view of the lateral incisor.

The other operations named in the *bill* are sufficiently described, it is believed, to be understood. Very respectfully,

Your obedient servant,

S. A. BEMIS.



THE DEDHAM EPIDEMIC.

HAVING received the following appendix to the report in our last number upon the late epidemic at Dedham, which could not with propriety be deferred another week, we have been reluctantly obliged, in giving it an insertion, to postpone a variety of interesting medical intelligence.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The last week there died at the Woollen Factory at Dedham, a boy, about 12 years of age, who was among those taken sick on the 11th and 12th of April. Diarrhœa had occurred in his case more than in most of the others. The cerebral symptoms were strongly marked in the latter part of his disease. I did not see him after April 26th; on that day his symptoms did not excite so much alarm as those of two others, who are now convalescent.

Dr. Putnam saw him on the 21st of April, when he noted the following symptoms, viz. great thirst, pain in stomach and bowels, abdomen full and firm and somewhat tender on pressure; drowsiness, with occasional wandering, as reported by nurse. On the 24th also Dr. P. saw him, and then found the skin warm and moist, face somewhat flushed, lips dry, teeth covered with sordes but not dry, pulse 102, respiration 36, slight cough, occasional pain in the head, buzzing in the ears with some deafness; he learnt also that the boy talked in his sleep, and that he had epistaxis early in the disease, not afterwards. The patient had not diarrhœa at the period of either of these visits. At the last visit he had sudamina distinct, and some rose pimples not very distinct.

At the invitation of Dr. Stimson my young medical friends went out to attend the autopsy, on May 15th, and I have just now received the notes of it from Dr. J. B. S. Jackson; these I subjoin.

Externally.—Rigidity moderate.

Head.—Very copious effusion of clear serous fluid under the arachnoid; this membrane itself, over a considerable portion of the convexities of both hemispheres, had an opalescent appearance and felt thick and firm, especially toward the longitudinal sinus; moderate quantity of blood in veins of pia mater and in sinus. Brain unusually firm, with some increased quantity of serous fluid in lateral ventricles; otherwise healthy.

Chest.—One or two ounces of clear serous fluid in each pleura, but

no lymph, nor adhesions. Lower lobe of right lung in the first stage of inflammation; the posterior part of the middle lobe, generally, in the same state; but in a few points of this lobe the inflammation had passed to the third stage, yet no red hepatization was found; the bronchia contained a considerable quantity of puriform mucus, perhaps pus, and their inner surface appeared quite red. Otherwise the lungs were healthy.

Abdomen.—A few ounces of clear serous fluid in the peritoneal cavity. Stomach not distended; contained a considerable quantity of transparent mucus; some cadaveric softening of mucous membrane towards left extremity; no "mamellonnement." Small intestine of moderate size, except in upper part of ileum, where it was contracted; contained a considerable quantity of mucus, more or less mixed with some thin fluid, and deeply colored with bile; several of Peyer's glands in the jejunum, and one of them quite high up, were in a state of acute inflammation, though in a slight degree—that is, they were thickened, of a reddish color, and somewhat soft; in the last six feet of the ileum were very numerous ulcerations, getting more so and larger towards the termination. A remarkable peculiarity in this case was that, for the most part, the ulcers did not appear to be in Peyer's, nor in Brunner's glands, but in the mucous membrane proper; these ulcers were, more or less exactly, circular; on an average more than a line or two in diameter; and scattered very irregularly; several were from three to five lines in length, of a lenticular form, with remarkably defined edges, a clear surface on which the muscular fibres were seen, and showing as complete a loss of substance as if a part had been punched out; around these there was no thickening, nor redness, but around the smaller ulcers there were. Just on the cæcal valve were two irregular ulcers, and a little higher up another, which were perhaps equal to two thirds of an inch square, and the upper one had, attached pretty firmly to it, a sort of scab of a yellowish brown color and firm consistence; within a few inches of the valve were two or three patches of Peyer's glands, which were not much, if at all, more inflamed than those in the jejunum, certainly not ulcerated, except that one of the ulcers partially encroached upon one of them, leaving the greater part of it unaffected. There were not seen any of Brunner's glands; whether the small ulcers had their origin in any of these glands could not be decided by any anatomical evidence. The large intestine was of a moderate size and contained, here and there, small quantities of soft, light-colored, healthy feces; towards the left side were a few ulcers, of which one measured four lines in diameter and had on its margin two small ulcers; the margin of this larger ulcer was not thickened, but the small ones were seated on and surrounded by thickened parietes. The mesenteric glands opposite the ileum were enlarged, of a dull, red color and friable, but much less so than in the other fatal case of which an account has been published; in one of these glands was observed a small point, in which suppuration had commenced. The liver was healthy; the gall-bladder was filled with liquid, orange-colored bile. The spleen was enlarged, but in color and consistence natural. Kidneys and bladder healthy; this last strongly contracted and nearly or quite healthy.

This patient is the third who has died among those, of whom I gave you an account on the 8th instant; and the second, if we do not include the first fatal case on the fifth of April. It is thought, or was when I last heard from Dedham, that those who remain sick will recover. Among the convalescents are two, who appeared on April 26th more sick, and one of them much more sick, than this boy.

I have abstained from comment on this family epidemic, if it may be so called. It is better to wait for facts respecting fever, confined to a particular house, as often happens, before we begin to make inferences. Some facts relative to such limited diseases I published in the *New England Journal of Medicine* several years ago. It is to be wished that those who witness such instances of disease, would furnish us more minute histories of them, than I have been able to give now, or than I did give then.

Yours, respectfully,

J. JACKSON.

Boston, May 22d, 1835.

Annual Meeting of the State Medical Society.—At the hour of 10 o'clock to-day, the fellows will assemble in this city for the despatch of business. From appearances, thus far, there is a prospect of a fair representation of the medical interests of the Commonwealth. As far as possible, we shall report, in the next *Journal*, in a condensed form, all that may be of consequence to the profession; reserving for future consideration the weightier matters usually growing out of the doings of a public body.

Table of the Arteries.—One of the most industrious laborers in the vineyard of medical science in this country, is Dr. A. S. Doane, of New York. Scarcely a week passes by without the announcement of a new production from his pen. Before us is a folio table of the arteries, translated by that gentleman from the French of Chaussier, so systematized, that to the student it must prove exceedingly acceptable. Were a few copies left on sale at this office, they might possibly find purchasers.

Smallpox.—Cases of smallpox have occurred, says our correspondent, Dr. Handy, in the vicinity of Westport, Mass. At New Orleans, too, at the last dates, the same disease existed; in addition to which, the cholera, that scourge which still lurks upon the borders of the land, has occasionally developed itself. A case also occurred in Dorchester, Ms. on the 25th.

Massachusetts General Hospital.—Dr. John B. S. Jackson has received the appointment of Assistant Physician, an office recently created in this Institution.

Preparations of Mercurial Ointment.—M. Derby, a pharmacien of Crepy, has published a formula for preparing this article, much superior to the old method. First, melt the lard and pour it into a large vessel, to be afterwards placed on a hair sieve, in a dry place, out of the reach of dust. At the expiration of fifteen or twenty days, it will readily mix with seven or eight times its weight of mercury: the more rancid it becomes, the greater is its power for combining with the metal. If kept a few months, it will readily incorporate with thirty-two times its weight of quicksilver. To the apothecary, this simple discovery must prove highly advantageous, as the present mode of making mercurial unguent is the most tedious, if not vexatious of his manipulations.

Multum in Parvo.—Among other statistical paragraphs, it is said there are two thousand six hundred and fifty physicians in the State of New York. One third, at least, of this number, are supposed to reside in the city of New York.

TO CORRESPONDENTS.—Prof. McKeen's curious case of Retroversion of the Uterus, in our next.—Also a paper from our learned correspondent, on Insanity,—and one on the use of Iodine, by Dr. Hubbard, shall have immediate attention.

DIED—In Roxbury, by suicide, Gerard Dayers, M.D. Surgeon U. S. Navy.—In Paschalville, Kingsessing, Pa. Dr. Henry Paschal, in the 88th year of his age.—At Strasburg, very recently, M. Lobstein, clinical professor of the faculty of that city, of a disease of the bladder. This is the second professor belonging to that great school, who has died within about a year. Only three weeks before the death of M. Lobstein, M. Foedere, a valuable author on Medical Jurisprudence, breathed his last in the same city.

Whole number of deaths in Boston for the week ending May 23, 36. Males, 17—Females, 19.

Of dyspepsia, 1—infantile, 2—croup, 1—dropsy, 3—consumption, 5—old age, 4—lung fever, 2—apoplexy, 1—accidental, 1—child-bed, 1—brain fever, 1—pleurisy, 1—scrofula, 1—typhous fever, 2—scarlet fever, 1—fits, 1—palsy, 1—liver complaint, 1—disease of the brain, 1—debility, 1—decline, 1.

ADVERTISEMENTS.

DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a teat covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

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On the Principles and Practice of Surgery	By Dr. OTIS.
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Boston, April 1, 1835.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

MEDICAL NOTICE.

A PHYSICIAN wishes to purchase, in some pleasantly located town, in which there is good society, the stand and business of a gentleman who could introduce him successfully to his routine of practice. As he has a small family, a moderate establishment as it regards buildings on the premises to be sold, would only be necessary. Address to the editor of the Medical and Surgical Journal, post paid, who will furnish the address of the advertiser. May 20, 1835.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy *gratis*.—Postage the same as for a newspaper.